

HEALTH CLUSTER BULLETIN

CHOLERA AND POST-EARTHQUAKE RESPONSE IN HAITI – FRIDAY, FEBRUARY 25, 2011 – #20

Highlights

- The national strategy for combating cholera was discussed at the meetings of the Health Cluster and Intersectoral Cluster and comments were sent to the WASH and Nutrition Cluster and to OCHA.
- The definitive **protocol for closing CTC/CTU** will be finalized.
- A questionnaire for the treatment and follow-up of dehydrated and malnourished children was distributed to the health partners working in the CTCs, CTUs, and ORPs.
- On 24 February, 73 CTC/CTU were evaluated. The preliminary analysis indicates that “access to the Center” and the “point of exit” are the most problematic areas.
- The CHU in Arcahaie Cabaret, in West department, is seeking support for a public awareness campaign on methanol poisoning.

Dear health partners,

Health Cluster coordination team would like to introduce the new Health Cluster Coordinator, Dr. Josep Vargas. You can contact him at the following email address: vargasj@hai.ops-oms.org or by phone: 3106 6731.

Thank you,

Health Cluster Coordination



A student-doctor from the medical school at Universite Catholique Notre Dame d'Haiti does a consultation at a free clinic in Port-au-Prince.



The Ministère de la Santé Publique et de la Population (MSP) and PAHO, the Regional Office of the World Health Organization (WHO) for the Americas, coordinate the Health Cluster. **MSP Cluster Contacts:** Dr. Claude Surena; Dr. Jean Hugues Henrys; **PAHO/WHO Contacts:** Dr. Juan Carlos Gustavo Alonso; Dr. Joseph Vargas



Health Cluster partners are asked to contribute to this bulletin with information on needs and activities as well as corrections to content, by emailing hai.clustersante@paho.org (subject heading: Health Cluster Bulletin). For useful information on meetings, guidelines, and CTC, CTU, and health facility locations,

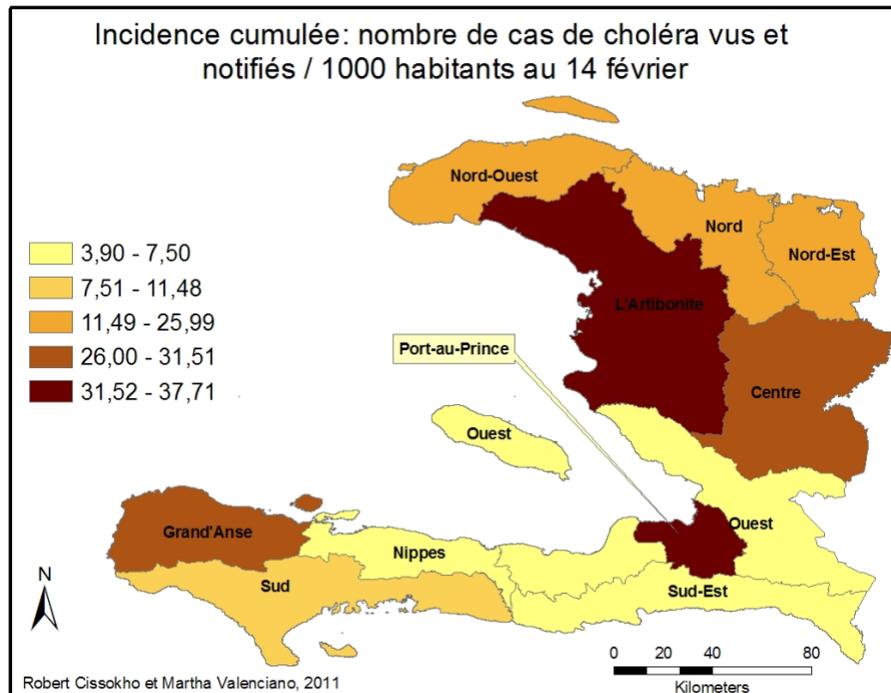
SITUATION OVERVIEW

- According to the data from 21 February sent by the MSPP, **234,303 cholera cases have been reported, with 4,533 deaths (2,770 in health facilities and 1,763 in the communes)**. The overall situation has stabilized with a downward trend in the daily number of reported cholera cases in CTCs and CTUs of all 10 departments. The reported daily case-fatality rate is 1.6%. The creation of oral rehydration posts in communal sections continues.
- While the overall situation is stabilizing, clusters of increased number of cases have been reported in isolated areas.
- The MSPP informed that an ambulance network is operating 24/7, as well as a #*300 call center. The MSPP mentioned that poor logistics infrastructure, as well as the lack of an epidemiologist for surveillance, prevents them from transmitting data in real time.
- The MSPP reports that partners in certain departments are disengaging without considering the need to identify facilities to replace them, and without properly communicating with other partners.

The definitive protocol for closing CTCs and CTUs is being finalized.

- Dr. Donald François, Director of the MSPP Decentralization Support Unit, gave a presentation entitled “Evaluation of the cholera epidemic at the national level as of 22 February 2011” at the meeting of the Health Cluster on 25 February. The data presented were taken from the monthly meeting of departmental directors held the week before.

SURVEILLANCE AND ALERTS



- **The cumulative incidence** (from the start of the epidemic to 14 February) was 22.4 per 1,000 inhabitants, ranging from 37.7 per 1,000 in the department of Artibonite to 3.9 per 1,000 in the South East department.
- **South East:** Increase in number of cholera cases were reported at a CTC in Marigot commune reported by PAHO/WHO team. The field team went to Marigot on 22 February, verifying that the CTC admitted 2 cases on 22 February, 6 cases on 21 February, 5 cases on 20 February, and 5

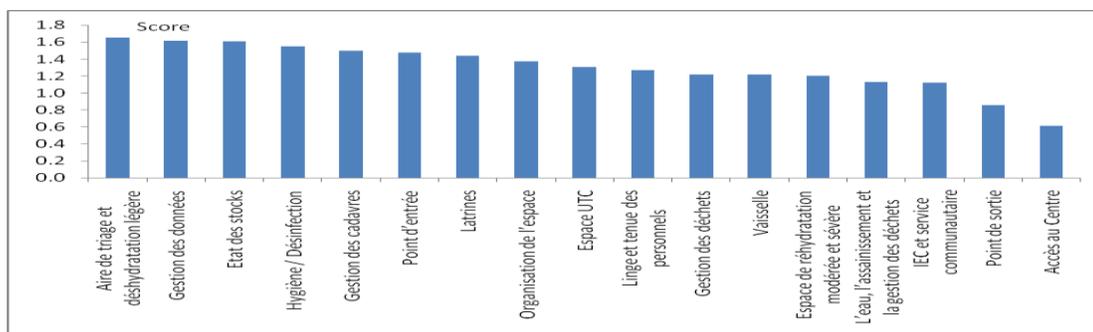
cases on 19 February. These cases include a few pediatric cases. No recent deaths were reported. The small increase in cases over the last week could be attributed to the fact that there are many remote mountain communities in the area. They were once served by the Peredot CTU and by the CTC run by MSF. With MSF's departure from the south-east, these centers have been closed, and now all cholera patients must go to the CTC in Marigot to be treated. The increase in the number of cases may be also due to the increased rain.

- **South East:** The field team that received an alert visited the CTC of Saint-Michel, in commune Jacmel that was previously managed by MSF-E. From 18 to 23 February, 50 cholera cases have been admitted. The CTC lacks supplies and the medical staff is not being paid. The MSPP at National and Departmental levels are informed of the situation. PAHO/WHO team will provide supplies and identify potential partners that can support the CTC. The MSPP is also looking for solutions to pay the staff.
- **Artibonite:** IMC reported an increase in the number of cholera cases from week 7 in two sections of Saint Michelle de l'Attalaye. IMC and UCS mobilized community health workers for house to house hygiene promotion and for checking water points in order to provide bucket chlorination. CHWs are doing active case finding.
- **Grand-Anse:** On 23 February, UNICEF informed PAHO/WHO that there have been 19 deaths from cholera in Tardieu, in Beaumont Commune (a 4-hour walk from Beaumont). The population was set to abandon Tardieu for fear of cholera. Eight cases from Beaumont were admitted to the Beaumont CTU.
- **West:** The CHS in Arcahaie Cabaret is seeking support for public information campaigns on **methanol poisoning**. Since the end of January, there have been dozen deaths in the 6th communal section of Fond Baptiste and around 30 people sickened by a pathology that recently appeared. An investigation among these people has yielded a diagnosis of encephalitis caused by the ingestion of adulterated *clairin* (an alcoholic beverage produced only in Haiti). The epidemiology team sent by the national laboratory conducted the investigation at the sites, which revealed the presence of methanol, which is the likely source of the signs and symptoms exhibited by the patients: vision problems, abdominal pain, pain in the limbs and hips, and blindness, followed by death.

MONITORING THE CHOLERA RESPONSE

On 24 February, the team of evaluators (comprised of members of the Haitian Association of Volunteer Physicians, a representative of the Pharmaceuticals and Drugs Department, and personnel from the West department and PAHO/WHO) evaluated **73 CTCs and CTUs**, using three different questionnaires. The topics evaluated were: access to the treatment centers, point of entry, spatial organization of the facility, triage and mild dehydration area, the CTU area, latrines, rehydration area for moderate and severe cases, waste disposal, linens and garments for personnel, dishwashing, meals, water/sanitation and waste disposal, hygiene/disinfection, cadaver management, supplies, data management and IEC, community services, and the point of exit.

The figure below represents the preliminary results for the areas evaluated and shows that **“access to Center”** and **“point of exit”** were the **most problematic** areas and that “triage and mild dehydration area” and “data management” have been managed the best.



A more detailed analysis is underway and will be available in the coming days.

WASH

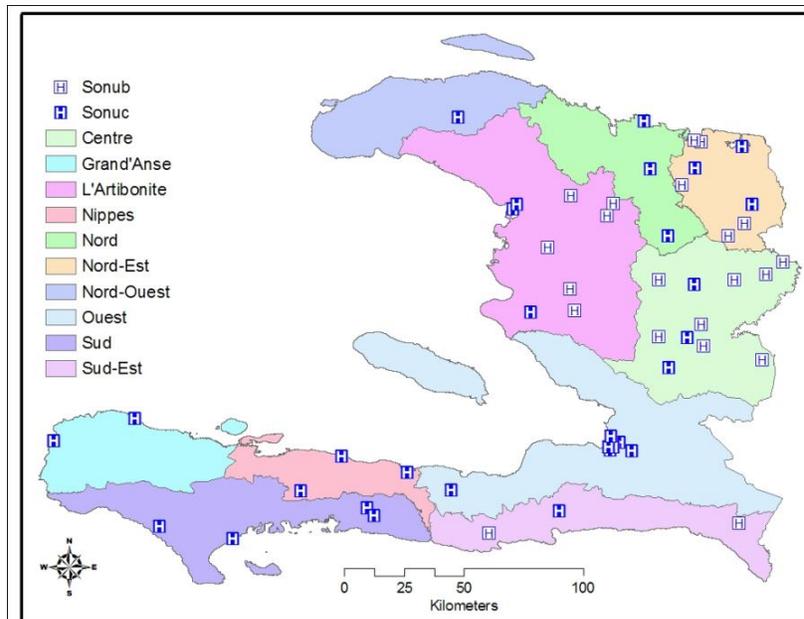
The DINEPA plan has not yet been finalized, and the WASH agents in the field have expressed a desire to contribute to the plan.

Health personnel in the communes are participating more in the WASH meetings. It is very important that collaboration and coordination among clusters continue and be strengthened in certain departments.

Collaboration between the WASH and Health clusters is not good. It should be strengthened, particularly in light of the new strategy in place for the creation of stabilization centers in nearby facilities. A high proportion of public health facilities lack water, sanitation, and Aquatabs. The MSPP will increase its engagement with DINEPA in order to determine the number of health and sanitation brigade workers needed in the communes.

The WASH Cluster, in collaboration with DINEPA, is going to draw up a map identifying water sources where the vibrio's presence has been confirmed. The MSPP is proposing a meeting for 28 February between DINEPA, the WASH Cluster, epidemiologists, PAHO/WHO, and the Health Cluster, to discuss the preparation of this **risk map** before the rainy season begins.

MATERNAL AND CHILD HEALTH



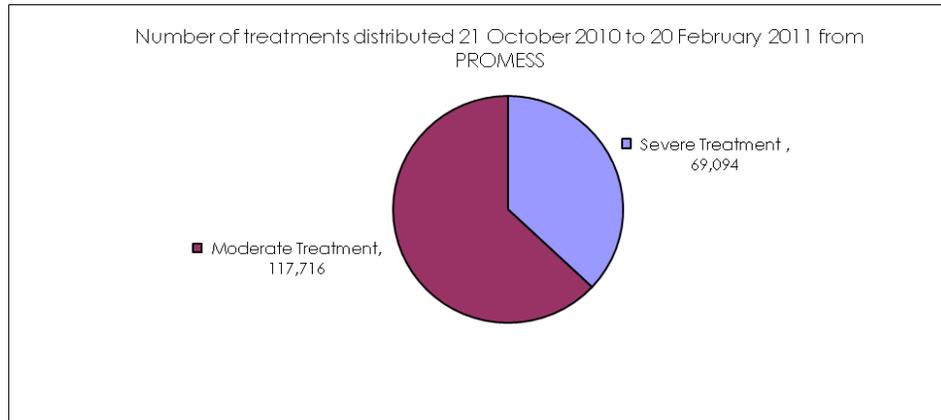
HEALTH PROMOTION

According to the presentation by the WASH Cluster's Hygiene Promotion unit, prevention messages have reached 10 million people, and in certain regions, the results have exceeded expectations. The Hygiene Promotion unit follows DINEPA'S national strategy, alongside with the MSPP'S community strategy.

Concerning participatory methods, 8,000 community health mobilizers were planned at the start of the cholera epidemic, but only 5,000 are currently available. The distribution of articles such as water treatment products and soap to households covers the entire country.

Essential Medicines Program (PROMESS)

Below is a graphic overview of the Essential Medicines Program (PROMESS) managed by PAHO/WHO.



SITUATION BY DEPARTMENT

NORTHWEST

According to the data from 22 February sent by the departmental MSPP, 17,730 people have been infected and 284 deaths reported (197 in health facilities and 87 in the communes). The departmental MSPP reported a marked decrease in the number of new cases and the stabilization in the trend, with a decline in cases in Bassin Bleu, the most affected commune. All CTC in the department have closed, with the exception of the one at Immaculate Conception Hospital (HIC), which remains operational. Training was provided to the ASEC, CASEC, and city delegates to promote implementation of the brigade strategy. A total of 1,050 brigade workers have been deployed in the different communes.

NORTH

The data from 22 February sent by the departmental MSPP reported that 38,859 people have been infected, with 588 deaths. The trend is stable and no new outbreak has been reported. On average, 50 new cases per day are reported. The *300 call center is operational.

The health authorities informed about the closing of 5 of the 9 CTC and 6 of the 16 CTU. Four ORP will be closed in Limbe. The Dondon CTU has been turned over to the MSPP, which will also open an ORP. A CTU will be opened in Bas Limbe, as well as an ORP in Fage; these will be managed by the NGO HVH. Another ORP is has been set up in Balam (Acul-du-Nord).

The department's main constraints are the lack of funding to sustain the interventions of ORP volunteers, who are demobilizing, as well as treatment in health facilities, which must be improved.

Gaps and needs:

- Referral procedures in ORPs (alerts during peak periods) must be strengthened.
- The standard for data collection in ORPs should be in place.
- The deployment of community brigades, since certain partners will be halting their cholera activities at the end of March. The Ministry of Planning (MPCE) should be ready to support the MSPP strategy with respect to the community brigades.
- Arranging for a disposal site on the plain has become a priority.
- There is a lack of latrines in all departments, and the chlorination of certain water reservoirs remains a critical problems.

The departmental Civil Defense Bureau (DPC) is updating the contingency, risk management, and disaster plan for the 2011 hurricane season.

NORTHEAST

According to the data from 22 February sent by the departmental MSPP, 8,706 people have been infected and 251 deaths reported (106 in health facilities and 145 in the communes).

The trend is moving downward, with 50 cases per day currently reported throughout the department, compared with the 400 seen daily during the month of January. The situation has not yet stabilized and small cholera outbreaks have been observed in remote areas. MERLIN has two mobile medical units, enabling it to intervene throughout the department in the event of an alert.

Departmental health authorities report a total of 4 CTCs and 119 CTUs in operation. The community brigade strategy is in place, and 90 brigades have been deployed. Logistical systems for properly managing the social mobilization appear to be inadequate.

ARTIBONITE

The departmental MSPP reports (data from 22 February) 58,885 people infected and 860 deaths (549 in health facilities and 311 in the communes). The trend is moving toward stabilization, and no new outbreak has been reported. The *300 call center is up and running. Doctors and nurses have received training in cholera management.

Due to the lack of funds it will not be possible to continue the public awareness campaign. Health workers do not appear to be invested in the brigade strategy. The PAHO/WHO team has heard rumors (19 February) of case clusters in Madrine (near L'Estere). The Cuban Medical Brigade has been contacted and confirmed 5 cholera cases in Madrine.

CENTER

According to the data from 22 February sent by the departmental MSPP, 22,233 people have been infected and 582 deaths reported (231 in health facilities and 351 in the communes). The trend is moving downward, particularly in Mirebalais, Hinche, and Saut-d'eau, where the first cases appeared.

A total of 3 CTC, 12 CTU, and 11 ORP are in operation, as is the *300 call center. The department notes a lack of logistical means to ensure the monitoring of activities, as well as problems in communication in sending information to remote areas.

The MSPP is deploying community brigades in different areas. There is a risk of duplication of efforts, as there are 2 new projects: a 2 million USD grant from the Clinton Foundation and a World Bank funded project to support the activities of Zanmi Lasante (PIH), World Vision and Save the Children (the 3 largest NGO partners in the area), as informed by the Directeur Sanitaire in the last inter-cluster meeting.

Everything seems to point out to early rains in the department, which will inevitably escalate the number of cases and compromise access to and from health centers due to difficulty in access to roads.

WASH: in Mirebalais, PAHO/WHO held a training session for 20 agents from Mercy Corps on the preparation of disinfecting solutions and the use of Pool Steter to make the chlorine residual.

WEST

The departmental MSPP reports (data from 22 February) 16,065 people infected in the department, with 273 deaths, 52,080 people infected, in addition to 482 deaths reported in Port-au-Prince. Around 50 new cases per day are reported, and no new outbreak has been identified in the last month. Still a matter of concern is the situation in Grand Bois and, especially, Potineau, on the Marché Cana/Mirebalais border. A coordinating cell for the department has been set up.

LEOGANE

The decreasing trend in cases continues. In week 6, MSF-CH and Save the Children reported 145 hospitalized cases (SC data of 11 Feb) in the CTC/UTC in Leogane and Gressier. This is a decrease of 26% from week 5.

In Leogane/Gressier, there is one CTC (CTC Brache, MSF-CH), 10 CTU (5 Save the children, 2 MSF-CH, 1 Malteser Int. / The Johanniter and one planned at the Sainte-Croix de Belval hospital)) and 139 CRO.

SOUTHEAST

According to the data from 22 February sent by the departmental MSPP, 2,298 people have been infected, with 349 deaths reported (196 in health facilities and 153 in the communes). The trend is stabilizing, with the number of new cases declining (10-12 per day in Jacmel). Small outbreaks have been observed in hard-to-reach areas despite advance in community care. The health authorities have reported the disengagement of partners in four communes (including la Vallée, Jacmel, Marigot), which puts the integration of cholera treatment in the existing health services at risk.

NIPPES

The data from 22 February sent by the departmental MSPP include 2,044 people infected and 143 deaths (57 in health facilities and 86 in the communes).

The trend has stabilized (with the exception of the Fonds des Nègres commune), and no new outbreak have been reported. The public awareness campaign continues, but without the same intensity due to lack of resources. The deployment of brigades to certain remote areas will be supported by PAHO/WHO.

The *300 call center is operational. The health authorities note a serious lack of sanitation in the departments, as well as a lack of partners, despite the appeal issued through Clusters.

WASH: Oxfam USA will begin WASH interventions in 3 communes, and support some part of WASH facilities in the brigade mobile project.

SOUTH

The departmental MSPP reports 8,657 people infected and 183 deaths (141 in health facilities and 42 in the communes). The daily traffic in the cholera centers is around 40 cases, with no deaths reported in the past 3 weeks.

The department has implemented the brigade strategy in 11 communes and will convert the CTCs to CTUs in the coming weeks. The health authorities note a lack of resources to ensure the viability of care after the disengagement of partners such as Doctors without Borders and the Spanish and French Red Cross at the end of February.

GRANDE ANSE

The data from 22 February sent by the departmental MSPP report 13,258 people infected and 816 deaths (326 in health facilities and 490 in the communes). No new outbreak has been reported. The outbreak in Ducati and Pestle, in contrast, are still very active.

According to the health authorities, 33 CTU and 5 CTC are still in operation, but the lack of clean water in these centers is a serious problem. The MSPP provides only care for cases.

Dr. Magloire, the MSPP epidemiologist at the national level (Port-au-Prince), visited Grand' Anse together with Dr. Placido, epidemiologist for the Cuban Brigade and discussed data sharing arrangements between MSPP and the Cuban Brigade. Other issues or gaps with regards to surveillance

and the alert system in Grand' Anse include: differences in **definition of hospitalized cases**; community **deaths** are recorded at the health centers and dispensaries but they are not verified with death certificates and therefore not reliable; data **timeliness** continues to be a problem. There are financial issues (no credit for phones), problems with phone reception and a lack of resilience, and incomplete **data collection**. Potential to use markets for surveillance is under discussion, as well as revised data collection forms for community level surveillance.

A list of most frequently-used acronyms related to the response to cholera in Haiti is available at

http://new.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=11788&Itemid=